

## APPLICATION FOR LEASE OF PROPERTY

This application form contains personal information as defined in the Protection of Personal Information Act, 2013 (the "Act"). It is specifically agreed that Transnet Property will use its best endeavours and take all reasonable precautions to ensure that any information provided is only used for the purpose for which it has been provided, and is stored securely, in accordance with Transnet Records Management Policy, the Information Classification Standard 270424, and in compliance with the provisions of the Act.

By filling in this application, all parties consent to the processing and further processing of their personal information in accordance with the requirements of the Act and acknowledge that the purpose for processing personal information is in terms of this application. All parties declare that all the information supplied in this application form is true and correct at the time of collection and undertake to immediately advise Transnet Property of any changes to their personal information should any of these details change.

Should you object to the processing and/or further processing of your personal information, your application will not be processed further.

### 1. APPLICANT'S PARTICULARS:

Details of Applicant										
Full Name:										
Identity Number:										
Company Name:										
Company Registration No					VAT Registration No.					
Is the Business a: (Tick Applicable)	Sole Trade	<input type="checkbox"/>	Listed Company	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Private Company	<input type="checkbox"/>	Trust:	<input type="checkbox"/>
Postal Address										
								Code:		
Domicile Address										
								Code:		
Cell Phone No.							Alternative No.			
E-mail address:										
<b>Details of Representative authorised to sign Agreement: (Attach copy of Signed Resolution Meeting Minutes and/or Power of Attorney)</b>										
Full Name										
Identity Number:										
Designation: i.e., Private / MD / Director / Member of CC / Partner										

Marital Details (Mandatory if the Applicant is a Sole Trader)									
<b>Marital status</b> (Tick Applicable)	Single		Married In community of property		Married Out of community of property		Divorced		Widowed
<b>If married in community of property, provide details of Spouse</b>									
Full Name:									
Full Address:									
Telephone No. (Home)						Cell. No.			
<b>Details of Next of Kin (not residing with you):</b>									
Full Name:									
Relationship:									
Full Address:									
Telephone No. (Home)						Cell. No.			
<b>Details of Person responsible for payment of account:</b>									
Full Name:									
Designation:									
Telephone No. (Home)						Cell. No.			
E-mail address									
<b>Details of Person Standing Suretyship (Applicable to Close Corporations and Pty Ltds)</b>									
1.									
Full Name						Signature			
Identity Number:									
Domicile Address									
						Code			
2.									
Full Name						Signature			
Identity Number									
Domicile Address									
						Code			

## 2. LEASE REQUIREMENTS:

Town / Place:				
Description and Extent of Property required to Lease				
Will water be required?	Yes		No	
Will electricity be required?	Yes		No	
If Yes, tick the applicable	Single Phase (220 V):		Three Phase (380 V):	
Parking requirements (if available)				

Describe in detail what the premises will be used for			
Rental offer per month for the property / buildings (Excl. VAT)		R	
escalating at		%	Per annum
Required Lease Period	From	To	

### 3. APPLICANT'S CREDIT WORTHINESS ASSESSMENT DETAILS:

Date of Applicant's Financial Year-End:							
Auditor's/Accountant's Details:							
Name:							
Registered Address:							
Telephone No.							
<b>Holding Company and/or Subsidiary Company's details</b>							
1.	Full Name		Reg. No.		Shares		%
2.	Full Name		Reg. No.		Shares		%
3.	Full Name		Reg. No.		Shares		%
<b>Bank Details</b>							
Name of Account Holder							
Bank			Branch				
Account No.			Tel No.				
Date Account opened							
<b>Trade References (Company/Institution/Legal Entity)</b>							
Name:							
Registered Address							
				Code			
Business Telephone No				Cell No.			
E-mail Address							

Average Monthly Purchases			
Period Account Held Account No			
Name:			
Registered Address			
		Code	
Business Telephone No		Cell. No.	
E-mail Address			
Average Monthly Purchases.			
Period Account Held Account No			
Name:			
Registered Address:			
		Code	
Business Telephone No.		Cell. No.	
E-mail Address.			
Average Monthly Purchases.			
Period Account Held Account No			
Name:			
Registered Address:			
		Code	
Business Telephone No.		Cell. No.	
E-mail Address.			
Average Monthly Purchases.			
Period Account Held Account No			
Name:			
Registered Address:			
		Code	
Business Telephone No.		Cell. No.	
E-mail Address.			
Average Monthly Purchases.			
Period Account Held Account No			
Name:			
Registered Address:			
		Code	
Business Telephone No.		Cell. No.	
E-mail Address.			
Average Monthly Purchases.			
Period Account Held Account No			

Name:				
Registered Address				
		Code		
Business Telephone No		Cell No		
Email Address				
Average Monthly Purchases.				
Period Account Held Account No				
Name:				
Registered Address				
		Code		
Business Telephone No		Cell No		
Email Address				
Has the Applicant or any of the Owners/Partners/Members/Directors of the Applicant ever been Declared Insolvent	Yes		No	
If YES, provide details:				
Full Name:				
Date of Declaration		Date of Rehabilitation		
Full Name:				
Date of Declaration				
Have any of the Owners/Partners/Members/Directors of the Applicant had any judgments	Yes		No	
If YES, provide details:				
Have you signed Surety for anyone?	Yes		No	
If Yes, provide details:				
<b>1.</b>	<b>RISK ASSESSMENT DETAILS</b>			
<b>1.1</b>	<b>GENERAL</b>			
1.1.1	Type of Business:			

1.1.2	How long has this Business been in operation			
1.1.3	Names and contact details of references to confirm Applicant's reputation in the industry:			
	Name			
	Registered Address			
			Code	
	Business Telephone No.		Cell No.	
	Name			
	Registered Address			
			Code	
	Business Telephone No.		Cell No.	
1.1.4	Have the necessary licenses been obtained from the relevant Authorities?	YES		NO
<b>1.2</b>	<b>OCCUPATIONAL HEALTH &amp; SAFETY REQUIREMENTS</b>			
1.2.1	Acquaint yourself with the requirements of Occupational Health & Safety Act 85 of 1993.			
1.2.2	Have a copy of the Occupational Health & Safety Act 85 of 1993.			
1.2.3	Do undertake to comply fully with the Occupational Health & Safety Act 85 of 1993.			
1.2.4	Appoint a 16.2 Assignee responsible for compliance with the Occupational Health & Safety Act 85 of 1993.			
1.2.5	Train and appoint in writing Health and Safety Representatives as per the OSH Act requirements.			
1.2.6	Appoint, in writing, a Health and Safety chairperson.			
1.2.7	Elect and appoint a Health and Safety committee as per the OSH Act requirements.			
1.2.8	The appointed Health and Safety representatives are to conduct monthly Health and Safety inspections using inspection checklists.			
1.2.9	Train and appoint first aiders.			
<b>1.3</b>	<b>LOCAL AUTHORITIES' REQUIREMENTS</b>			
1.3.1	Ensure that all firefighting equipment and emergency exits are maintained free of any obstructions and are always readily accessible.			
1.3.2	Ensure that all fire extinguishers are wall mounted in conspicuous places and are clearly signposted.			
1.3.3	Ensure that all fire extinguishers are serviced annually in accordance with SANS (SABS) specifications.			
1.3.4	Ensure that storage of any flammable liquids or gases kept or used on the property will meet with Local Authorities approval, and that the applicable flammable liquid/gases registration certificates issued by the fire department are obtained and renewed annually.			
1.3.5	Ensure that fire team members are trained and appointed in writing.			
1.3.6	Ensure that formal fire notices detailing what actions to be taken in case of emergency are displayed in all areas including the security gatehouse.			
1.3.7	Will you ensure that after hours emergency contact names and telephone numbers are available to the security personnel.			
<b>1.4</b>	<b>SECURITY CONSIDERATIONS</b>			
1.4.1	Ensure all security personnel employed by you are registered with the PSIRA (Private Security Industry Regulatory Authority).			
1.4.2	Ensure all security personnel employed by you are provided with written procedures.			
1.4.3	Ensure all security personnel are provided with an alternative means of summoning outside assistance in case of an emergency after hours i.e. a portable panic button.			
<b>1.5</b>	<b>NATIONAL BUILDING REGULATIONS (SANS 10400)</b>			
1.5.1	Familiarise yourself with the requirements of SANS 10400 (SABS 0400) National Building Regulations.			
1.5.2	Comply with the requirements of SANS 10400 (SABS 0400) National Building Regulations.			

#### 4. DECLARATION

<p><b>APPLICANT'S SIGNATURE &amp; DISCHARGE</b></p> <p>I/We hereby authorise Transnet Property to make use of the information contained herein and to contact any person and/or undertaking, in order to determine whether or not to establish a credit account for me/us. I/We further agree to abide by the provisions as set out in all the Acts and requirements referenced.</p>
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I/We warrant and certify that:			
- The above information is true and correct.			
- I am/We are duly authorised to sign this application for credit facilities.			
Name of Account Holder: (For Applicant who warrants that he/she is duly authorised)			
Full Name		Signature of Applicant:	
Date			
<b>Witnesses</b>			
1.	Witness' Name		Signature
	Witness' Address		
		Code	
2.	Witness' Name		Signature
	Witness' Address		
		Code	

#### 5. REQUIRED SUPPORTING DOCUMENTATION CHECKLIST

Required Supporting Documentation:	Office Use (Tick if Present)
Copy of Identity Document of Applicant or its authorized representative	
Proof of Residence (e.g., Rates Account or Water / Electricity Invoice)	
Copy of Company or Close Corporation Registration Certificate (if applicable)	
Signed Resolution Meeting Minutes and/or Power of Attorney (if applicable)	

#### 6. FOR OFFICE USE ONLY

Is the Property (Tick Applicable)	Internal		External		Residential	
Registered description of the property to be leased:						
Asset Numbers: Land						
Asset Numbers: Buildings						
SAP Numbers: Land						
SAP Numbers: Buildings						

Extent and rental rates:					
of leased Property: Building/s	Under roof		m <sup>2</sup> (approximately) @	R	per m <sup>2</sup>
	Land		m <sup>2</sup> (approximately) @	R	per m <sup>2</sup>
	Parking Bays		bays@	R	per bay
Rental per Month (Excl. VAT)	R		Escalation Rate per Annum		%
Deposit (Incl. VAT)					
Lease Period	From:		To:		
Monthly Rates & Taxes	Inclusive of Monthly Rental		Exclusive of Monthly Rental		
Water & Electricity Consumption	Direct consumption		As billed by Lessor		
Lease Preparation Fee	R		Stamp Duty	R	
Special Conditions:					
Risks relating to Applicant's intended Business on required Premises: (e.g. Financial, Health, Safety, Environmental, Reputational, etc.)					
Findings during examination of Applicant's existing premises to assess extent of risk management					
Comments on Applicant's willingness to comply with risk related requirements:					
<b>DECLARATION</b>					
I hereby declare that all the information supplied by me under item 6 above is complete and correct.					
<b>Property Marketer's Name:</b>					
<b>Signature:</b>			<b>Date:</b>		



<b>(TO BE COMPLETED BY THE FINANCIAL MANAGER)</b>			
Comments on Applicant's Credit Worthiness			
Name of the Financial Manager:			
Signature:		Date:	
<b>(TO BE COMPLETED BY THE PORTFOLIO MANAGER)</b>			
<b>LEASE APPLICATION</b> <b>(Tick Applicable)</b>	<b>APPROVED</b>		<b>REJECTED</b>
Name of the Portfolio Manager:			
Signature:		Date:	